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| U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE   |  | ATTORNEY'S DOCKET NUMBER<br><b>DONNER8</b>                           |
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/501 470</b> |
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| INTERNATIONAL APPLICATION NO.<br><b>PCT/EP03/00159</b>  | INTERNATIONAL FILING DATE<br><b>January 10, 2003</b> | PRIORITY CLAIMED<br><b>January 14, 2002</b>                          |
| TITLE OF INVENTION<br><b>OBJECTIVE PIVOTING DEVICE HAVING CROSSED SWIVELLING AXES</b>   |  |  |
| APPLICANT(S) FOR DO/EO/US<br><b>Wilfried DONNER</b>   |  |  |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f) ) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).</li> <li>4. <input type="checkbox"/> The US has been elected in a Demand by the expiration of 19 months from the priority date (PCT Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not transmitted by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).</li> <li>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> <p><b>Items 11. to 16. below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An Assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input type="checkbox"/> A FIRST preliminary amendment.<br/> <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.</li> <li>14. <input type="checkbox"/> A substitute specification.</li> <li>15. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>16. <input checked="" type="checkbox"/> Other items or information:             <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Courtesy copy of the International Application as filed in Dutch.</li> <li><input checked="" type="checkbox"/> Courtesy copy of the first page of the International Publication (WO03/058340).</li> <li><input checked="" type="checkbox"/> Application Data Sheet</li> <li><input checked="" type="checkbox"/> Formal drawings, 6 sheets, Figures 1-7.</li> <li><input checked="" type="checkbox"/> Courtesy Copy of the International Search Report.</li> <li><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</li> </ul> </li> </ol> |  |  |

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| U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/501470</b> |  | International Application No.<br><b>PCT/EP03/00159</b> |  | Attorney's Docket No.<br><b>DONNER8</b> |  |
|---|--|--|--|---|--|

| <p>17. [xx] The following fees are submitted:</p> <p><b>BASIC NATIONAL FEE (37 CFR 1.492 (a)(1)-(5):</b><br/>         Neither international preliminary examination fee (37 CFR 1.482)<br/>         nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO<br/>         and International Search Report not prepared by the EPO or JPO.....\$1080.00</p> <p>International preliminary examination fee (37 CFR 1.482) not paid to<br/>         USPTO but International Search Report prepared by the EPO or JPO.....\$920.00</p> <p>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but<br/>         international search fee (37 CFR 1.445(a)(2)) paid to USPTO.....\$770.00</p> <p>International preliminary examination fee paid to USPTO (37 CFR 1.482)<br/>         but all claims did not satisfy provisions of PCT Article 33(1)-(4).....\$730.00</p> <p>International preliminary examination fee paid to USPTO (37 CFR 1.482)<br/>         and all claims satisfied provisions of PCT Article 33(1)-(4).....\$100.00</p> <p style="text-align: center;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></p> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than [ ] 20 [ ] 30<br/>         months from the earliest claimed priority date (37 CFR 1.492(e)).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Claims as Originally Presented</th> <th style="width: 15%;">Number Filed</th> <th style="width: 15%;">Number Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 10%;"></th> <th style="width: 20%;"></th> </tr> <tr> <td>Total Claims</td> <td>- 20</td> <td></td> <td>X \$18.00</td> <td>\$</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3</td> <td></td> <td>X \$86.00</td> <td>\$</td> <td></td> </tr> <tr> <td>Multiple Dependent Claims (if applicable)</td> <td></td> <td></td> <td>+\$290.00</td> <td>\$</td> <td></td> </tr> </table> <p style="text-align: center;"><b>TOTAL OF ABOVE CALCULATIONS =</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Claims After Post Filing Prel. Amend</th> <th style="width: 15%;">Number Filed</th> <th style="width: 15%;">Number Extra</th> <th style="width: 15%;">Rate</th> <th style="width: 10%;"></th> <th style="width: 20%;"></th> </tr> <tr> <td>Total Claims</td> <td>- 20</td> <td></td> <td>X \$18.00</td> <td>\$</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3</td> <td></td> <td>X \$86.00</td> <td>\$</td> <td></td> </tr> </table> <p style="text-align: center;"><b>TOTAL OF ABOVE CALCULATIONS =</b></p> <p>Reduction of 1/2 for filing by small entity, if applicable. Applicant claims small entity<br/>         status. See 37 CFR 1.27.</p> <p style="text-align: center;"><b>SUBTOTAL =</b></p> <p>Processing fee of \$130.00 for furnishing the English translation later than [ ] 20 [ ] 30<br/>         months from the earliest claimed priority date (37 CFR 1.492(f)).</p> <p style="text-align: center;"><b>TOTAL NATIONAL FEE =</b></p> <p>Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be<br/>         accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +</p> <p style="text-align: center;"><b>TOTAL FEES ENCLOSED =</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Amount to be:<br/>refunded</td> <td style="width: 20%; text-align: center;">\$</td> </tr> <tr> <td></td> <td style="text-align: center;">charged</td> <td style="text-align: center;">\$</td> </tr> </table> |                           |              |           | Claims as Originally Presented | Number Filed | Number Extra | Rate |  |  | Total Claims | - 20 |  | X \$18.00 | \$ |  | Independent Claims | - 3 |  | X \$86.00 | \$ |  | Multiple Dependent Claims (if applicable) |  |  | +\$290.00 | \$ |  | Claims After Post Filing Prel. Amend | Number Filed | Number Extra | Rate |  |  | Total Claims | - 20 |  | X \$18.00 | \$ |  | Independent Claims | - 3 |  | X \$86.00 | \$ |  |  | Amount to be:<br>refunded | \$ |  | charged | \$ | <p style="text-align: center;"><b>CALCULATIONS PTO USE ONLY</b></p> |  |
|--|---------------------------|--------------|-----------|--------------------------------|--------------|--------------|------|--|--|--------------|------|--|-----------|----|--|--------------------|-----|--|-----------|----|--|---|--|--|-----------|----|--|--------------------------------------|--------------|--------------|------|--|--|--------------|------|--|-----------|----|--|--------------------|-----|--|-----------|----|--|--|---------------------------|----|--|---------|----|---|--|
| Claims as Originally Presented   | Number Filed              | Number Extra | Rate      |                                |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |   |  |  |           |    |  |                                      |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |  |                           |    |  |         |    |   |  |
| Total Claims   | - 20                      |              | X \$18.00 | \$                             |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |   |  |  |           |    |  |                                      |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |  |                           |    |  |         |    |   |  |
| Independent Claims   | - 3                       |              | X \$86.00 | \$                             |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |   |  |  |           |    |  |                                      |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |  |                           |    |  |         |    |   |  |
| Multiple Dependent Claims (if applicable)  |                           |              | +\$290.00 | \$                             |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |   |  |  |           |    |  |                                      |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |  |                           |    |  |         |    |   |  |
| Claims After Post Filing Prel. Amend   | Number Filed              | Number Extra | Rate      |                                |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |   |  |  |           |    |  |                                      |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |  |                           |    |  |         |    |   |  |
| Total Claims   | - 20                      |              | X \$18.00 | \$                             |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |   |  |  |           |    |  |                                      |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |  |                           |    |  |         |    |   |  |
| Independent Claims   | - 3                       |              | X \$86.00 | \$                             |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |   |  |  |           |    |  |                                      |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |  |                           |    |  |         |    |   |  |
|  | Amount to be:<br>refunded | \$           |           |                                |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |   |  |  |           |    |  |                                      |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |  |                           |    |  |         |    |   |  |
|  | charged                   | \$           |           |                                |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |   |  |  |           |    |  |                                      |              |              |      |  |  |              |      |  |           |    |  |                    |     |  |           |    |  |  |                           |    |  |         |    |   |  |

a. [ ] A check in the amount of \$\_\_\_\_\_ to cover the above fees is enclosed.

b. [X] Credit Card Payment Form (PTO-2038), authorizing payment in the amount of \$460.00, is attached. At this time no authorization is given to charge any additional fees relating to extra claims, etc. However, if a deficiency exists in the basic filing fee, please charge said deficiency in the filing fee to Deposit Account No. 02-4035.

c. [ ] Please charge my Deposit Account No. 02-4035 in the amount of \$\_\_\_\_\_ to cover the above fees.  
 A duplicate copy of this sheet is enclosed.

d. [ ] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-4035. A duplicate copy of this sheet is enclosed.

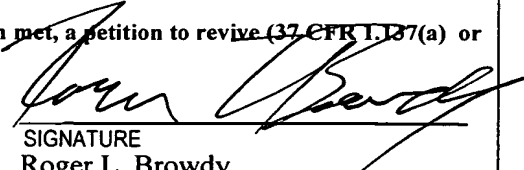
**NOTE:** Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

SEND ALL CORRESPONDENCE TO:

**BROWDY AND NEIMARK, P.L.L.C.**  
**624 NINTH STREET, N.W., SUITE 300**  
**WASHINGTON, D.C. 20001**  
**TEL: (202) 628-5197**  
**FAX: (202) 737-3528**  
**Date of this submission: July 14, 2004**

  
 SIGNATURE  
 Roger L. Browdy  
 NAME  
 25,618  
 REGISTRATION NUMBER

RLB:jlu